

# **Town of West Tisbury**

### **Police Department**

P.O. Box 520, 681 Edgartown Road
West Tisbury, Massachusetts 02575
508-693-0020
wtpd@police.west-tisbury.ma.us

Daniel R. Rossi Chief of Police

Check Position(s) Sought:

#### **APPLICATION FOR SUMMER EMPLOYMENT**

summer	Patrol Officer Summer Traffic Officer Other
1.	These forms must be typewritten or printed in blue or black ink by the applicant himself/herself.
2.	All questions must be answered, if applicable. If not applicable indicate by "n/a".
3.	Failure to answer any and all questions truthfully, accurately or completely shall result in the applicant's disqualification, or if discovered after an individual is hired, termination from employment.
4.	If the space provided is not sufficient for complete answers, or you wish to make additional comments, attach sheets the same size as these forms and indicate to which question those sheets pertain.
5.	You are applying for a responsible public safety position. It is essential that you follow instructions specifically as directed. Make sure all dates and information are accurate.
6.	If, after submitting this application, you become no longer interested in appointment, please notify the Chief of Police in a timely manner.
7.	All applicants must submit the following documents with their applications:
	a. A copy of your High School Diploma or Equivalency Certificate.
	b. A copy of your birth certificate.
	c. A copy of your social security card.
	d. A copy of your driver's license.
8.	Writing sample – Please submit with your application a <u>handwritten</u> 50-word essay explaining why you are seeking employment with the West Tisbury Police Department. A handwritten cover letter is sufficient.
9.	A Criminal Offender Record Information (CORI) check will be performed on each individual who submits an application for employment with this police department.
l have r	read and understand the above instructions.
	Signature of Candidate Date
This applic	ation will be held on file for a period of one year. Date Received:

#### PLEASE READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability (which is also covered under the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. Further, the Laws of Massachusetts prohibit some or all of the above stated discrimination as well as some additional types, such as discrimination based upon ancestry, sexual orientation and marital status.

Questions with an asterisk (\*) immediately to the left of the question are optional. Although the information is useful in our examination of applicants, your decision not to answer any or all of the asterisk questions will not be held against you.

	i. PE	ERSONAL HISTORY				
a.	Name: (Last) Other names used (any names by which you have be	(First) een legally known):	(Middle)			
Na	me:Date	e used: Reason used:				
b.	<u>Miscellaneous</u> information: ▶ Date of Birth:	Social Security Nu	mber:			
•	*Weight (without clothes):	*Height (without shoes):				
c.	Phone number (home):	Phone number (work):				
d.	Address: (P.O. Box)	(Street & Number)				
	(City or Town)	(State)	(Zip Code)			
de f. ▶	e. Housing: Do you have a place to stay for the summer: Own ( ) rent ( ) live with parents ( )other ( )? Please describe:  f. Financial information: Do you owe money for any of the following? If yes, please give the details and amount owed.  Traffic fines, parking tickets, excise taxes, moving violations or income taxes? Yes ( ) No ( ) Details:					
g. co	Do you owe the maximum on 3 or more credit card accounts for which you are responsible? Yes ( ) No ( )  g. Legal: ▶ Are you a member of the Bar? Yes ( ) No ( ) If yes, when admitted and in which state(s) or Federal courts?:  Do you have any court suits pending against you? Yes ( ) No ( ) If yes, please give the details:					
	h. <u>Employment information:</u> Are you lawfully eligible for employment in the United States? Yes ( ) No ( )  Do you have a relative employed by the Town of West Tisbury? Yes ( ) No ( ) If yes, give name and relationship:					

▶ Do you personal	ly know any police officers working for this departmer	nt: Yes()No()	If yes, pleas	se list:	
	reviously submitted an application to or worked for the department(s), position(s) and date(s):				) If
▶ Are you willing to	o work any shift, including nights, holidays or weekend	ls? Yes ( ) No ( )	If no, pleas	e explain:	
▶ Are you available	e to attend Court during the day if required? Yes()N	No ( ) If there are	any limitati	ons, please	specify:
▶ If your applicatio	n is considered favorably, what date can you start?				
▶ What is the last o	day of the season you can work?	<del> </del>			
i. <b>Driving histo</b>	<u>ry:</u> ▶ Do you possess a valid MA Driver's License? Ye	s ( ) No ( )			
Driver's License	#:				
		mayalsadı Vaa ( )	NIa ( ) If w		ا ما م
• vvas your driver	's license in this state, or any state, ever suspended or	revoked: Tes ( )	140 ( ) IT ye	es, piease e	xpiain:
	II. EDUCATION	ĺ			
N. I. Sandara and A. A. Sandara and					
List the names, a	ddresses and dates of completion for the following sch				
	School Name, address and phone	Completed Yes/ No	Number of years attended:	Degree	Major
High School					
College					
Police Academy (indicate R/I or full-time)					
Other: (Equivalency, Graduate, etc.)					
Courses currently studying:					
career? Yes ( ) No	dismissed from a school or was any disciplinary action, to ( ) If yes, please give the following information:	_	you during	your schol	astic
School:	Date: Action Taker	n:			

		ities, interests, sports, hobbies, langu			
Ability, in	terest, sport	:, hobby, language:	Degree o	of proficiency	<b>/</b> :
	y computer s		ity or special	equipment v	rith which you have experience, along
		ping, equipment:	Degree o	of proficiency	γ:
		III. EMPL	OYMENT H	ISTORY	
employmo <u>Current</u> Does this	ent and volu  Position:	r current postion(s), list all present a nteer positions. now you are looking elsewhere? Ye Name, address and phone of	es ( ) No ( )	May we	contact this employer? Yes ( ) No (
employme Current Does this Dates:	ent and volu <b>Position:</b> employer k	nteer positions.	es ( ) No ( ) Rates of	May we Pay:	
employm <b>Current</b>	ent and volu  Position:	nteer positions.  now you are looking elsewhere? Ye  Name, address and phone of	es ( ) No ( )	May we	contact this employer? Yes ( ) No (    Supervisor's name and phone
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employme Current Does this Dates: From Mo./ Yr.	ent and volu Position: employer k	nteer positions.  now you are looking elsewhere? Ye  Name, address and phone of	es ( ) No ( ) Rates of	May we Pay:	contact this employer? Yes ( ) No (    Supervisor's name and phone
employmonemp	ent and volu Position: employer k To Mo. / Yr. or Leaving:	nteer positions.  now you are looking elsewhere? Ye  Name, address and phone of	es ( ) No ( ) Rates of	May we Pay:	contact this employer? Yes ( ) No (    Supervisor's name and phone
employmone Current Does this Dates: From Mo./ Yr. Reason for Past Pos	ent and volu Position: employer k To Mo. / Yr. or Leaving:	nteer positions.  now you are looking elsewhere? Ye  Name, address and phone of	es ( ) No ( ) Rates of	May we Pay:	contact this employer? Yes ( ) No (    Supervisor's name and phone
employme Current Does this Dates: From Mo./ Yr. Reason for Past Pos Dates:	ent and volu Position: employer k To Mo. / Yr. or Leaving:	now you are looking elsewhere? Ye Name, address and phone of employer:  Name, address and phone of	es ( ) No ( ) Rates of Start	May we Pay:	Supervisor's name and phone number:  Supervisor's name and phone number:
Current Does this Dates: From Mo./ Yr. Reason for Past Pos Dates: From Mo./ Yr.	ent and volu Position: employer k To Mo. / Yr. or Leaving:	now you are looking elsewhere? Ye Name, address and phone of employer:  Name, address and phone of	Rates of  Rates of	May we Pay:	Supervisor's name and phone number:  Supervisor's name and phone number:
employmone Current Current Does this Dates: From Mo./ Yr.  Reason for Past Pos Dates: From Mo./ Yr.	ent and volu Position: employer k To Mo. / Yr.  sitions: To Mo. / Yr.	now you are looking elsewhere? Ye Name, address and phone of employer:  Name, address and phone of	Rates of  Rates of	May we Pay:    Finish   Pay:   Finish   Finis	Supervisor's name and phone number:  Supervisor's name and phone number:

Reason for Leaving:						
Dates:		Name, address and phone of	Rates of F	Pay:	Supervisor's name and phone	
		employer:			number:	
From	To		Start	Finish		
Mo./ Yr.	Mo. / Yr.				_	
Reason for	· Leaving:					
Dates:		Name, address and phone of	Rates of F	Pay:	Supervisor's name and phone	
		employer:			number:	
From	To		Start	Finish		
Mo./ Yr.	Mo. / Yr.				_	
Reason for	<sup>-</sup> Leaving:					
▶ Have yo	u ever beer	n fired or forced to resign because of r	misconduct o	or unsatisfac	tory performance? Yes ( ) No ( ) If	
yes, please	explain:	_				
▶ Are you	eligible for	rehire with each of your former empl	oyers? Yes (	) No()	If yes, please explain:	
,	Ü	,	,		, , , ,	
		IV. MILIT	TARY SER	VICE		
▶ Have yo	u ever serv	ed in the Armed Forces of the United	States? Yes	( ) No( )	If yes, please describe:	
					· · · · · · · · · · · · · · · · · · ·	
Dates of A	ctive Duty:	From (MM/YY) To (MM	1/YY)	Ty	vpe of Discharge:	
Dates of Active Duty: From (MM/YY) To (MM/YY) Type of Discharge:						
Date of Discharge: (MM/YY) Member of the Reserves? Yes ( ) No ( ) Branch:						
V. REFERENCES						
V. REFERENCES						
		that are not family. You may use no m				
one teache	er. The refe	rences should be responsible adults, h	ave a reputa	ble standing	in their community and have known	
		5 years. All references may be asked to	to appraise y	our charact	er, ability, experience, personality and	
	other qualities.					
▶ <u>Refere</u>				Phone	o.	
1 NaIIIC	Name: Phone:					
Address:						

How does this person know you?:	
How long has this person known you?:	:
Reference 2:	<b>D</b>
Name:	Phone:
Address:	
How does this person know you?:	
How long has this person known you?:	·
• Reference 3:	Di
	Phone:
How does this person know you?:	
How long has this person known you?:	:
	VI. CRIMINAL RECORD
c. You have been tried for a criminal d. You have a first conviction for any drunkenness minor traffic violation e. You have not been convicted of a convicted of misdemeanors where years before the date of this applic f. You have a felony or misdemeanor g. You have juvenile delinquency or coprosecution.	never been tried for a criminal offense;  I offense but were not convicted;  of the following misdemeanors:  simple assault speeding  affray disturbance of the peace criminal offense within five years before the date of this application and you have been the date of conviction or the termination of incarceration, if any, occurred more than five
▶ Have you ever been convicted of a foorder, been sentenced to imprisonment misdemeanor (other than those listed in were released from jail in the last 5 year conviction of those listed in d above)?	felony, been a defendant in any civil action, subject of any petition for restraining nt after conviction of a crime, been convicted of a narcotic drug or sexual offense, in d above) more than 5 years ago that resulted in a jail sentence from which you ars or been convicted of a misdemeanor within the last 5 years (other than a first Yes ( ) No ( ) If yes, please describe the offense involved, date of offense, court in the disposition and any mitigating circumstances:
Yes ( ) No ( ) If yes, please describe	any criminal offense on which you are awaiting trial or final disposition? the offense involved, date of offense, court in which you were convicted, docket circumstances:

		\//I = 51554 5146			
		VII. FIREARMS	<b>i</b>		
▶ Do you have any ex	sperience with firearms?	Yes()No()If yes, ple	ase explain	:	
▶ Have you hold a cu	rrent license to carry fire	earms? Yes()No()If	yes, please	specify:	
Issuing agency:	Type of license:	Date of expiration:	Reason:		License number:
<i>,</i>		dentification Card? Yes (	) No ( ) I		•
Issuing agency:	Date	of issue:		License numbe	er:
		a license to carry firearms he details, including the da			



### Beth A. Toomey Chief of Police

# **Town of West Tisbury**

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	WI EDGEN	

I,	residing at, acknowledge that a	Criminal Offender
,	will be performed as part of the department of allow a CORI check to be performed with the control of the contr	ent's hiring process. I
	Signature	Date

## PLEASE READ THE FOLLWING CAREFULLY AND SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO THE TERMS AS STATED.

I understand that a physical, which may include a drug screening urinalysis, may be required after an employment offer has been made. I understand that this is not a contract of employment and I, or the municipality may sever the application for employment process at any time for any reason. Any oral or written statement to the contrary, including any with are made by a West Tisbury representative, are disavowed and may not be relied upon by any prospective or existing employee.

I understand also that this Department has established day and night duty shifts for which I must be available as required. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be the basis for rejection of my application or dismissal from the Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge. I hereby give the West Tisbury Police Department authorization to contact any person reasonably related to the character and fitness investigation and to request that an independent credit report be prepared as to my financial condition. I also authorize any person contacted to share written and oral information, which is reasonably related to the public safety position for which I am applying.

Finally, I hereby release, discharge and exonerate this municipality, its agents and representatives, and any person furnishing or receiving information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or investigations made by or on behalf of this municipality. This authority shall continue until revoked in writhing by the undersigned.

Date		Signature of Applicant
	COMMONWEALTH	OF MASSACHUSETTS
, SS.		
I,I, above named person. I signed the for answers to each and every question the every respect.	oregoing statement. I pe herein and I do solemnly	, being duly sworn, depose and state I am the ersonally read and printed by hand or typewriter/printer swear that each and every answer is full, true and correct
		Signature of Applicant
Sworn before me this	day of	, 200
		Notary Public
		My Commission Evolves